

EXHIBIT 1

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2021-01452	
Michigan Department Of Civil Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Ms. Christie M. Poitra		Home Phone (Incl. Area Code) 530-410-4867	
Date of Birth 12/16/1984			
Street Address 1426 Sunnyside Avenue, Lansing, MI 48910		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name MICHIGAN STATE UNIVERSITY		No. Employees, Members 500 or More	
Phone No. (Include Area Code) (517) 355-5022			
Street Address Olds Hall, 408 W. Circle Drive, East Lansing, MI 48824		City, State and ZIP Code	
Name		No. Employees, Members	
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 1/13/16 02-23-2021 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). In or around October 2015, I began working with Michigan State University. I am currently employed as an Assistant Director, Interim Director. In or around November 2015 to the present, my tenured supervisor made numerous sexual comments to me, made a mockery of my disability diagnosis, and made negative comments about my weight and appearance, due to my gender, female, and disability. On or about November 19, 2018 to the present, my employer failed to comply with federal regulations, federal guidance, and institutional policies and procedures in its investigation of my complaint against my supervisor. I believe I was discriminated against because of my gender, female, in violation of Title VII of the Civil Rights Act of 1964, as amended, and my disability, in violation of the Americans with Disabilities Act of 1990, as amended.			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT (month, day, year) 4/7/21	
Date 4/7/21		Charging Party Signature 	

